



Amherst Massachusetts

Bangs Community Center
70 Boltwood Walk
Amherst, MA 01002
www.lsse.org

Phone: (413) 259-3065
Facsimile: (413) 259-2407
lsse@amherstma.gov

August, 2010

Dear Parent/Guardian:

Attached is the intake form (application) for the Town of Amherst Leisure Services and Supplemental Education Department (LSSE) Fee Reduction Program. The first page is a guideline to determine if your family is eligible for this program. Please read the guideline thoroughly and don't hesitate to ask questions.

Once you submit a completed intake form along with any documentations you may have (see list below), your complete application will be sent to the certification administrator. If ALL of the requested documentations have been submitted, the estimated turnaround is 3 to 5 business days.

It is important to fill out every field that applies to you and your family. You must also provide all of the required documentation; otherwise your application will be delayed or denied.

You will need to provide the following documentation:

- ☐ Completed Intake Form (Pages 1-4)
- ☐ Request for Employment Verification **OR** paystubs reflecting 8 weeks of pay.
- ☐ Request for Assets Verification **OR** bank statements reflecting 8 weeks of transactions.
- ☐ If you are self employed you must provide last year's tax return.
- Supporting statements reflecting other income (*Cash Assistance, Workers Compensation, and so on*).

Please return to: Town of Amherst, LSSE, 70 Boltwood Walk, Amherst, MA 01002. If you should have any questions please do not hesitate to call us at 413.259.3065.

Please allow ten to twelve business days to process your application.

Sincerely,

Amherst Leisure Services and Supplemental Education Department

ELIGIBILITY GUIDELINES

1. Each family must complete a Fee Subsidy Intake Form specifying its household size and household income; all adult members of the household must submit a Income Verification Form and a Request for Verification of Assets Form in order to be certified eligible for the Town of Amherst Fee Subsidy Program.
2. Each family will then be certified eligible for this program if its income is below 80% of the Springfield MSA based on third party verification and must submit information as requested below.

As of March 19, 2009

Family Size	2	3	4	5	6	7	8
	\$49,700	\$55,900	\$62,100	\$67,050	\$72,050	\$77,000	\$81,950

3. Families must reside in the Town of Amherst. Children of all ages are eligible for discounts.
4. Only families that qualify under the eligibility criteria described above will be enrolled in the Fee Subsidy Program.
5. Verification of employment status must be provided before families can be enrolled in the program. Please provide one of the two: paystubs (reflecting the last 8 weeks of pay) or completed income verification form (will be provided by LSSE).
6. Verification of assets must be provided before families can be enrolled in the program. Please provide one of the two: bank statement reflecting the last 8 weeks *or* completed Asset Verification Form (will be provided by LSSE).
7. The Town will provide eligible families with financial support that will be based on their income and family size.

*Families working or attending an educational institutional (excluding graduate students) may also wish to apply for a state income-eligible voucher from the Department of Early Education and Care. **Contact Childcare Outlook, 582-4230, for more information.**

Town of Amherst Leisure Services Department FEE SUBSIDY INTAKE FORM

General Description: The Town of Amherst Leisure Services and Supplemental Education Department (LSSE) provides fee subsidy assistance to guardian/parent(s) of low and moderate income families with children. When eligibility is determined and all documentation is received, enrollment will be on a first-come-first serve basis.

FEE SUBSIDY AMOUNT: BASED ON INCOME AND FAMILY SIZE

Complete form and return to:
LSSE Department
Bangs Community Center
70 Boltwood Walk
Amherst, MA 01002

Name of Applicant:		Date:
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Address: (Street, City,Zip)	
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Phone Number(s)/ Email:	<i>Home:</i> () <i>Work:</i> () <i>Cell:</i> () <i>Email:</i>
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How many in the household?		How many over 18 years of age?	
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(Child 6)

Providing the following information is optional. The data will be used for statistical purposes only.

Household <i>(If more than four (8) members, please attach additional sheets)</i>	Household Member #1	Household Member #2	Household Member #3	Household Member #4
<i>Please check the appropriate items.</i>	Male ____ Female ____ White Non-Hispanic ____ Black Non-Hispanic ____ Hispanic ____ Asian/Pacific Islander ____ Black and White ____ Asian and White ____ American Indian/Eskimo ____ Other ____ (Describe)	Male ____ Female ____ White Non-Hispanic ____ Black Non-Hispanic ____ Hispanic ____ Asian/Pacific Islander ____ Black and White ____ Asian and White ____ American Indian/Eskimo ____ Other ____ (Describe)	Male ____ Female ____ White Non-Hispanic ____ Black Non-Hispanic ____ Hispanic ____ Asian/Pacific Islander ____ Black and White ____ Asian and White ____ American Indian/Eskimo ____ Other ____ (Describe)	Male ____ Female ____ White Non-Hispanic ____ Black Non-Hispanic ____ Hispanic ____ Asian/Pacific Islander ____ Black and White ____ Asian and White ____ American Indian/Eskimo ____ Other ____ (Describe)
	Household Member #5	Household Member #6	Household Member #7	Household Member #8
	Male ____ Female ____ White Non-Hispanic ____ Black Non-Hispanic ____ Hispanic ____ Asian/Pacific Islander ____ Black and White ____ Asian and White ____ American Indian/Eskimo ____ Other ____ (Describe)	Male ____ Female ____ White Non-Hispanic ____ Black Non-Hispanic ____ Hispanic ____ Asian/Pacific Islander ____ Black and White ____ Asian and White ____ American Indian/Eskimo ____ Other ____ (Describe)	Male ____ Female ____ White Non-Hispanic ____ Black Non-Hispanic ____ Hispanic ____ Asian/Pacific Islander ____ Black and White ____ Asian and White ____ American Indian/Eskimo ____ Other ____ (Describe)	Male ____ Female ____ White Non-Hispanic ____ Black Non-Hispanic ____ Hispanic ____ Asian/Pacific Islander ____ Black and White ____ Asian and White ____ American Indian/Eskimo ____ Other ____ (Describe)

Income Information Worksheet

1. Please complete applicable fields below.
2. If any household member is currently employed, each individual must provide a completed income verification form or paystubs reflecting 8 weeks of pay.

Income Before Deductions	Household Member #1	Household Member #2	Household Member #3	Household Member #4
Name & address of employer or source of income:				
Gross income for the next twelve (12) months:				
Salaries & wages, including overtime and tips:				
Net income from business or profession:				
Trust income, interest & dividends:				
Unemployment or disability compensation:				
Pensions & annuities				
Regular Social Security benefits and/or SSI:				
VA disability income:				
TAFDC or Public Assistance:				
Regular alimony support payments and gifts:				
Total Annual Income				

Were you required to file your taxes last year? (circle one) Yes No

If yes, please provide copy of your tax return.

If you do not receive any income from any sources please briefly describe how your household is able to pay housing cost and other pertinent expenses:

Assets

Do you own any real estate? (*circle one*) Yes No

If yes, please provide the address: _____

Do you have an account with a banking institution? (*circle one*) Yes No

If yes, please provide a completed asset verification form or a bank statement reflecting 8 weeks of transactions.

Please list all assets below. Include all bank accounts, stocks and bonds, trusts, real estate, etc.
Do not include clothing, furniture or cars.

Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account Number
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

Have you sold, transferred or given away any real property or assets in the last three years?
(*circle one*) Yes No

If yes, please answer the following:

Date of Sale/Transfer (M/D/Y): _____

Amount of Sale/Transfer: _____ Value of Sale/Transfer: _____

I certify that the information I have given in this application is true and correct. I have signed under the pains and penalties of perjury; I understand that a photocopy of this signature is as valid as the original.

Signature

Date:

Town of Amherst
Leisure Services Department
REQUEST FOR EMPLOYMENT VERIFICATION

The following applicant has applied for fee subsidy assistance. We appreciate your cooperation in providing us with employment and salary information. It will be kept confidential.

TO BE COMPLETED BY APPLICANT:

Employee's Name: _____

Employee's Address: _____

Employer's Name: _____

Employer's Address: _____

Authorization by Employee: _____ Date: _____

Federal regulations require that in order for the family to be eligible, we must verify the family's income, expenses and other information related to eligibility. The individual has authorized your release of the required information. The information you provide will be used for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. ***Please return to: Town of Amherst, Leisure Services Department, 70 Boltwood Walk, Amherst, MA 01002.*** If you have any questions, please feel free to contact Pat Desmarais at (413) 259-3065. Thank you for your cooperation.

TO BE COMPLETED BY EMPLOYER:

Applicant's dates of employment: _____

Present position: _____

Hours per week: _____

Probability of continued employment: _____

Gross wages/salary:

Per week \$ _____ Per month \$ _____ Per Year \$ _____

Wages received for the past 8 weeks \$ _____

Other compensation received during the past 12 months:

Overtime \$ _____ Other \$ _____ Commissions \$ _____

In the next 12 months do you anticipate giving this person a raise? Yes ____ No ____

If yes, how much? _____

Employer signature: _____ Date: _____

_____ Tel# _____

Employer name & title (please print)

**Town of Amherst
Leisure Services Department
REQUEST FOR VERIFICATION OF ASSETS**

TO BE COMPLETED BY APPLICANT:

Name of Bank: _____

Address: _____

Applicant's Name: _____

Applicant's Address: _____

Federal regulations require that in order for the family to be eligible, we must verify the family's income, expenses and other information related to eligibility. The individual has authorized below your release of the required information. The information you provide will be used for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. ***Please return to: Town of Amherst, Leisure Services, 70 Boltwood Walk, Amherst, MA 01002.*** If you have any questions, please feel free to contact Pat Desmarais at (413) 259-3065. Thank you for your cooperation.

I, _____, hereby authorize _____ to release the information requested below:

Signature/Date

TO BE COMPLETED BY THE INSTITUTION:

Accounts (by account number)	Balance	Annual Interest Rate	Withdrawal Penalty, if any
Checking Accounts	Avg. 6 Month Balance		
	\$		
	\$		
	\$		
Savings Accounts	Current Balance		
	\$		
	\$		
	\$		
Certificates of Deposit	Current Balance		
	\$		
	\$		

TRUST

Value of Trust Fund Administered: \$ _____

Anticipated Income to be earned
by the Trust over next 12 months: \$ _____

PROPERTY

Value of Equity in Real Property: \$ _____

I certify that the above information is true and correct.

Print Name and Title of Official

Name of Institution

Signature of Official

Street Address

Date

City, State, Zip

Telephone

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.